

**CALVIN PRESBYTERIAN CHURCH, NORTH BAY, ONTARIO
APPLICATION FOR USE OF CHURCH FACILITIES**

RETURN COMPLETED AND SIGNED FORM TO OFFICE ADMINISTRATOR FOR
DISSEMINATION TO THE BOARD OF MANAGERS AND LEADING WITH CARE COMMITTEE.
CONFIDENTIAL WHEN COMPLETED.

YOUR NAME/TITLE: _____

TELEPHONE: day _____ evening _____ best time to call _____

EMAIL ADDRESS: _____

NAME OF ORGANIZATION _____

AIMS/OBJECTIVES OF ORGANIZATION:

ACTIVITIES CARRIED OUT:

IS THIS ORGANIZATION FOR PROFIT? YES ___ NO ___

NUMBER OF PEOPLE ESTIMATED TO ATTEND CHURCH FACILITIES: _____

DO MEMBERS PAY DUES/FEEES TO BELONG? YES ___ NO ___

IS MEMBERSHIP DETERMINED OR RESTRICTED BY ANY BASIC HUMAN FACTOR (AGE,
COLOUR, SEX, RELIGION, ETC.)? YES ___ NO ___

IF YES, PLEASE EXPLAIN:

USE OF FACILITIES REQUESTED: DAILY _____ WEEKLY _____ MONTHLY _____

DAY(S) OF THE WEEK (please circle): SUN MON TUE WED THU FRI SAT

AT WHAT TIME? _____ DURATION OF MEETING _____

WHAT ARE THE SPACE REQUIREMENTS FOR YOUR MEETING/ACTIVITY?

IS SECURITY REQUIRED FOR THE MEETING? YES ___ NO ___

DOES ACTIVITY REQUIRE THE USE OF ADDITIONAL FACILITIES/EQUIPMENT (KITCHEN
UTENSILS, MUSICAL EQUIPMENT, ETC.)? YES ___ NO ___

IF YES, PLEASE EXPLAIN:

WOULD TYPICAL MEETING ACTIVITIES BE COMPATIBLE WITH THE USE OF OTHER AREAS
OF THE BUILDING BY OTHER GROUPS AT THE SAME TIME (NOISE LEVEL, ACTIVITY
CHARACTERISTICS/REQUIREMENTS, ETC.)? YES ___ NO ___

IF NO, PLEASE EXPLAIN:

PLEASE NOTE OR ATTACH ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION AS REQUIRED.

NOTE: I ACKNOWLEDGE THAT USE OF CALVIN CHURCH FACILITIES BY MY ORGANIZATION WILL BE SUBJECT TO PRE-EMPTION OF THE APPROVED TIME AND/OR FACILITY, BY CALVIN CHURCH GROUP(S) OR ORGANIZATION(S), AS MAY BE DEEMED NECESSARY FROM TIME TO TIME. NOTICE OF SUCH PRE-EMPTION WILL BE GIVEN AS EARLY AS POSSIBLE.

FURTHER, I ACKNOWLEDGE AND AGREE THAT CALVIN MAY, AT ITS SOLE DISCRETION AND AT ANY TIME, TERMINATE ANY INDIVIDUAL OR GROUP'S FUTURE USE OF THE CALVIN CHURCH FACILITIES. AS WELL, CALVIN RESERVES THE RIGHT TO CHANGE POLICIES/RULES OF CHURCH USAGE (ADVANCE NOTICE WILL BE PROVIDED AS MUCH AS POSSIBLE).

I ACKNOWLEDGE THAT I WILL INFORM CALVIN PRESBYTERIAN CHURCH OF ANY CHANGES TO MY ORGANIZATION OR ITS OBJECTIVE WHICH MAY MAKE ANY OF THE RESPONSES CONTAINED HEREIN INCORRECT.

I ACKNOWLEDGE THAT I AM NOT AWARE OF ANY ADDITIONAL INFORMATION WHICH CALVIN CHURCH MAY FIND MATERIAL IN CONSIDERING MY APPLICATION TO USE THE CALVIN CHURCH FACILITIES.

I ACKNOWLEDGE THAT NONE OF THE INTENDED ATTENEEES POSE A RISK, OF PERSONAL SAFETY OR OTHERWISE, TO THE EMPLOYEES, MEMBERS OR GUESTS OF CALVIN PRESBYTERIAN CHURCH.

LASTLY, I ACKNOWLEDGE THAT CALVIN IS NOT RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ITEMS, AND IT IS IN OUR GROUP'S BEST INTEREST TO LABEL ALL OF OUR ITEMS. I ACKNOWLEDGE THAT RESPECT IS NEEDED IN REGARDS TO: PARKING, NOISE LEVELS IN PUBLIC AREAS (ESPECIALLY THE FOYER), AND NO SMOKING ON CHURCH PROPERTY (ALL CIGARETTE BUTTS MUST BE EXTINGUISHED AND PLACED IN PROPER RECEPTICLES).

SIGNATURE OF AUTHORIZED OFFICER

FOR BOARD USE ONLY:	DATE RECEIVED _____
MINIMUM FEE: \$ _____	OTHER CHARGES/COSTS: \$ _____
QUESTIONS/CONCERNS:	
APPLICATION APPROVED BY:	
_____	DATE _____
_____	DATE _____
KEY ASSIGNED _____	OR LOANER ____:
CONTACT BY OFFICE:	DATE _____